MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County .... Registration District No. 791

Township St. Louis Peoples Hospital Primary Registration District No. 1003

City .... (No. .... St. .... Ward)

File No. 9695

Registered No. 2229

2. FULL NAME Paul Thomas

(a) Residence. No. 1008 Glasgow St., 21 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male — 4. COLOR OR RACE: Col — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/1 1927
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Thomas	17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....; that I last saw h.... alive on ...., 19...., and that death occurred, on the date stated above, at 7-30 A. m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1889	THE CAUSE OF DEATH* WAS AS FOLLOWS: Fat Embolism, following fracture left interior malleolus, due to auto truck overturning on runway. (duration) in City ds.
7. AGE: Years 38, Months 2, Days 0. If LESS than 1 day, ...hrs. or ...min.	CONTRIBUTORY (SECONDARY) Accident (duration) ... yrs. ... mos. ... ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer 2101 / 41A (b) General nature of industry, business, or establishment in which employed (or employer) .... (c) Name of employer	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .... DID AN OPERATION PRECEDE DEATH? .... DATE OF .... WAS THERE AN AUTOPSY? .... WHAT TEST CONFIRMED DIAGNOSIS? 188
9. BIRTHPLACE (CITY OR TOWN) .... (STATE OR COUNTRY) Miss	(Signed) H. W. Fath, M.D.
PARENTS — 10. NAME OF FATHER Jos. Thomas	3/2, 1927 (Address) Deputy Coroner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .... (STATE OR COUNTRY) Miss	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12. MAIDEN NAME OF MOTHER Ida Kirk	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .... (STATE OR COUNTRY) Miss	
14. INFORMANT Mamie Thomas (Address) 1008 Glasgow	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park — DATE OF BURIAL 3-6-1927
15. FILED MAR -6 1927 Max C. Starkloff, REGISTRAR	20. UNDERTAKER C. J. Gates — ADDRESS 4107 Finney

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...THIS IS A PERMANENT RECORD